Division	of Health Service Re				FORMITE	PHOVED
	OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(KS) DATE SUNVEY		
AND PLAN OF CORRECTION		STATE OF THE PROPERTY.	A. BUILDING: 0	C 0 10/14/2015		
		HAL067023	B. WING			
NAME OF	PROVIDER OR SUPPLIER		DRESS, OTTY, ST	ATE, ZIP CODE	139.130	2010
ONO! ON	V HOUSE	***************************************	NIEL DRIVE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
UNGLUV	v nopae	JACKSON	WILLE, NO 2	8548		
(X4) ID. PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (BACH DEFICIENCY NUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INPORMATION)		PREFIX TAG	PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE
C 000	Initial Comments		C 000			
		int Investigation by Billy S, trickland conducted on		,		
	01/31/1997. The fact 160 Beds. Therefore conformance with the 2005 Rules for Lice Seven or More Beds the 1996 Edition of the Code(s), institutions Rules for Licensing	is facility was first licensed on offity is currently licensed for the facility was surveyed for the applicable portions of the name of Adult Care Hornes of and applicable portions of the North Carolina Building il Occupancy and the 1996 of Adult Care Homes of in effect at the time of initial				
C 188	Housekeeping-Main	tained Free of Hazards	C 186			
	FURNISHINGS (a) Adult care home	6 HOUSEKEEPING AND				
	ordarly manner, free hazards;	an unclutiored, clean and of all obstructions and apply to new and existing				
	maintained in a clea as evidenced by the rooms that were vac	as evidenced by: fion the facility has not been n manner and free of hazards growth of mold in resident ant or planned for renovation				
alon of Ha DRAYORY	alth Service Regulation DRECTORS OR PROVIDE	PURMPPLIER REPRESENTATIVES SIGN	ATURE .	ALL/RE-	po	BOUTE
98	1181 (8)	11/1	24/15	Executive Director	11/24	2015
E FORM		×	100	KE21	If confinuedor	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XS) DATE SURVEY AND PLAN OF CORRECTION **OOMPLETED** A. BUILDING: 01 HAL067023 B. WING 10/14/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, OTY, STATE, ZIP CODE 34 MÖDANIEL DRIVE ONSLOW HOUSE JACKSONVILLE, NC 28646 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY NUST BE PRECEDED BY PULL REGULATORY OR USC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (BACH CONRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID. PREFIX ID PREPIX (XS) DOMPLETE TAG DEPICITINGY) C 188 Continued From page 1 C:168 at the time of the survey. Failure to keep the facility clean and free of potential health hazards auch as mold growth could effect the health of the occupants of the facility. Findings on 09/14/2015: Mold was present in but. Closet door frames and ceiling in Rooms 16, not limited to the specific locations listed below: 10/28/2016 26, 27, 28, 30, 32, 35, and 37 have been a. Closet door frames and ceilings in Rooms 16; clean with bleach to remove the contaminates 17, 26, 27, 28, 30, 32, 35, and 37. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NOAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition, (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations the facility has not maintained mechanical equipment in operating condition. In the rooms with mold growth PTAC units were inoperable or in some cases in vacant rooms the PTACS were operable but not turned on. Fallure to provide operating HVAC units or fallure to operate HVAC units to provide conditioned air is presenting a health hazard to the residents by promoting mold growth in resident rooms. Findings on 09/14/2015: In the rooms specifically listed but not limited to those noted below PTAC units were inoperable or turned off. Division of Health Service Regulation

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Division of Health Service Regulation												
STATEMENT OF DEPICIENCINS (X1) PROVIDER/SUPPLIENCING AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(XII) DATE SURVEY COMPLETED						
AND POST OF SOURCE ION		marci ir toyni on mostucit,	A: BUILDING: 05		1							
HAL087028		B. WING		10/14/2015								
NAME OF I	PROVIDEN OR SUPPLIER		DRIESS, CITY, STATE, ZIP CODE									
ONSLOW HOUSE 34 MCDANIEL DRIVE												
JACKSONVILLE, NC 28546												
(X4) NO PREFIX YAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR USC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEPICIENCY)		COMPLETE COMPLETE						
C 189	Continued From page 2		C 189									
	a. Rooms 16, 17, 26, 27, 28, 30, 32, 35, and 37.			PTAC units have been ordered to replace three of the nanoperational units. The operational units have been turned on to promote air circulation. The remaining units will be ordered as rooms are occupied. Rooms with units that are still inoperable will remain open to promote air circulation.								
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